

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | | | Application Number <div style="font-size: 1.5em; font-weight: bold;">10733226</div> | | Filing Date | | | |
|--|----------|--------|-----------------------|--------|------------------------|--------|--|-------|-------------|-------|--------|--|
| | | | | | | | Applicant(s) | | | | | |
| <div style="font-size: 1.2em; font-weight: bold;">6-21-06</div> | | | | | | | * May be used for additional claims or amendments | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | |
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| Total Indep | 7 | | 5 | | | | | | | | | |
| Total Depend | 40 | | 29 | | | | | | | | | |
| Total Claims | 47 | | 34 | | | | | | | | | |
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